

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90353 049 ***150.00

DOCUMENT # P01000112395

1. Entity Name

BTR FOUNDATION SYSTEMS, INC.



Principal Place of Business

**605 W. NEW YORK AVE.
DELAND FL**

Mailing Address

**PO BOX 4110
DELAND FL 32721**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3759995

Applied For

Not Applicable

Zip

32720-5243

Country

USA

Zip

32721-4110

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOOTLE, WILLIAM A
605 W. NEW YORK AVE.
DELAND FL**

7. Name and Address of New Registered Agent

Name

THOMAS BECHTOL

Street Address (P.O. Box Number is Not Acceptable)

605 W. NEW YORK AVE., SUITE A

City

DELAND

FL

Zip Code

32720-5243

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

THOMAS BECHTOL 1/24/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TOOTLE, WILLIAM A	
STREET ADDRESS	1202 THOMAS CIR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	ROBERS, J. TIMOTHY	
STREET ADDRESS	1222 W WELLINGTON DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECHTOL, THOMAS	
STREET ADDRESS	5495 EAST AVENUE	
CITY-ST-ZIP	DELEON SPRINGS, FL 32130	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	135 SOUTH PINE	
STREET ADDRESS	DELAND, FL 32720	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BECHTOL

Date

Daytime Phone #

1/24/2003 (386) 943-9494

CR2E034 (10/02)